

in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	
District of		ORIGINAL CERTIFICATE OF BIRTH	
Town of	<u>miami</u>	State Index No.	<u>144</u>
or		County Registrar No.	<u>968</u>
City of		Local Registrar No.	
No. <u>1213 Granite Springs addition</u>		St.	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		Ward	
2. Full name of child <u>Romilda Batty</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?
<u>female</u>		5. No., in order of birth.	<u>yes</u>
7. Date of birth <u>Dec 5, 1924</u>		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Antonis Carlos Batty</u>		Full maiden name <u>Leonora Hayes</u>	
9. Residence (Usual place of abode) <u>miami, Arizona</u>		15. Residence (Usual place of abode) <u>miami, Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Italian (W)</u>		16. Color or race <u>mexican</u>	
11. Age at last birthday <u>33</u> (Years)		17. Age at last birthday <u>23</u> (Years)	
12. Birthplace (city or place) <u>Italy</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation. <u>Boss</u>		19. Occupation <u>Housewife</u>	
Nature of industry <u>Copper mine</u>		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>4</u>		<u>yes</u>	
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1:30 P.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>H. J. Muller</u>	
Given name added from a supplemental report		(Physician or midwife)	
Month, day, year.		Address <u>miami, Arizona</u>	
Registrar.		Filed <u>Dec 31, 1924</u> <u>B. E. Dyer</u> Local Registrar.	
		Filed <u>1-5-25</u> <u>B. E. Dyer</u> County Registrar.	

928-1205-389